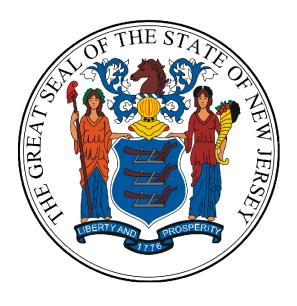
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Request for Information - NJ Health Information Network



State of New Jersey

New Jersey HIT Coordinators Office

Request for Information

New Jersey's Health Information Exchange

The New Jersey Health Information Network (NJHIN)

July 1, 2011

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STATE OF NEW JERSEY

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1.0 Purpose

The State of New Jersey envisions a statewide Health Information Exchange -- the New Jersey Health Information Network (NJHIN) -- which will facilitate data exchanges among the HIEs operating in the state, as well as with HIEs in other states and the Nationwide Health Information Network (NwHIN). The high-level functions of NJHIN and the services it will provide are described in the State of New Jersey HIT Operational Plan, as approved by the Office of the National Coordinator, and have been further defined in Appendix A of this RFI

The goal of this RFI is to obtain information regarding component functions and general pricing ranges, so that we may consider various models based on our desired functionality and our available budget. This RFI is an initial step in New Jersey's implementation process and may be followed by a request for proposal (RFP). The RFP to contract with a partner to design, develop and implement the NJHIN may be issued at a future stage.

Respondents are expected to describe a single, complete solution. Indicate if your response requires collaboration with or inclusion of additional partners as well as whether you have a relationship with identified partners. The collaboration should demonstrate the capability to provide a comprehensive solution and should describe the specific detail regarding how product(s) will be integrated.

Further, New Jersey encourages respondents to provide innovative approaches related to the financial sustainability of the services being provided. In that context, Respondents should provide approaches to funding the core services and the clinical functionality requirements as outlined in this request. Further, additional services outside of those requested, that support sustainability, may be proposed as well.

2.0 DESCRIPTION OF THE NEW JERSEY HEALTH INFORMATION NETWORK (NJHIN)

The following sections provide an overview of the services to be provided through the NJHIN. Additionally, information has been provided which outlines the background and current environment, the proposed technical framework of the NJHIN, the core services, and the required clinical functionality as outlined through priority use cases.

Respondents should address whether they can provide the defined functionality or offer alternatives. Respondents may also offer alternative models for the clinical functionality. Note that the core services are intended to form the foundation for additional future health information



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exchange services. Responses to the RFI should include how your approach satisfies the stated requirements while, at the same time, establishes a foundation for future HIE services.

2.1 BACKGROUND AND CURRENT ENVIRONMENT

The NJHIN is envisioned as a network of networks, providing connectivity between the existing regional Health Information Exchanges (HIEs), the Nationwide Health Information Network (NwHIN) and prioritized state databases such as immunization registries and selected data in the Medicaid Management Information System (MMIS). The NJHIN is planning to provide shared services including, but not limited to, record location services, master patient index and discovery, master provider registries, auditing functions, consent management and security and trust management.

The New Jersey Health Information Technology Operational Plan (Plan) was approved on January 13th, 2011 by the federal Office of the National Coordinator. The Plan outlines an assessment of the current environment, the planned NJHIN architecture, communications and outreach efforts, and an overview of the relationship between the NJHIN and the regional HIEs. The Plan, along with additional information about related HIT programs, is provided in Section 6. The Plan can also be accessed here: http://www.nj.gov/njhit/. Further, a fact sheet outlining provider, hospital and regional HIE statistics and demographic information is provided in Section 5.

Along with the approval of the Operational Plan, the ONC released \$11,408,594 in grant funds to accomplish the goals outlined in the Plan. These funds are allocated toward two primary purposes – first, the support of the HIT Coordinator's Office and second, the support of four regional HIEs. Grant funding was allocated based on the recognition that the success of the regional HIEs must be a priority. As such, in order to finance the services for the NJHIN, New Jersey is seeking innovative funding approaches that will provide for the initial and ongoing financial sustainability of the NJHIN.

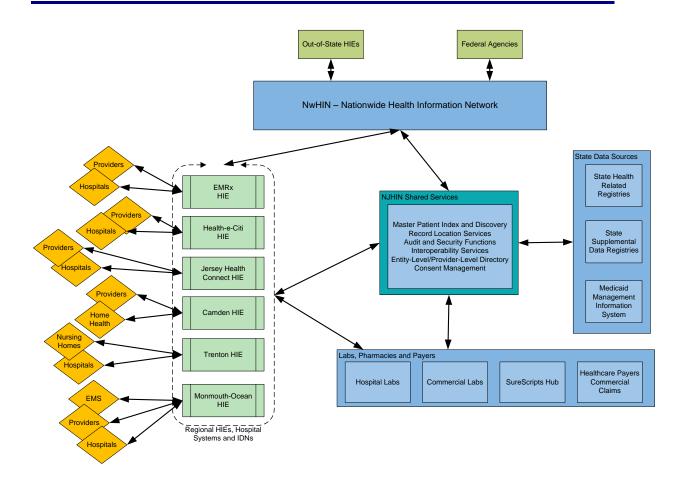
2.2 NJHIN TECHNOLOGY FRAMEWORK

The NJ Health Information Network (NJHIN) is part of a larger Health IT strategy being enacted by the State of New Jersey. The NJHIN is intended to enable a secure, statewide, interoperable health information infrastructure that will connect providers, consumers, and others involved in supporting health and healthcare and will serve as a gateway to the Nationwide Health Information Network (NwHIN).

This framework is depicted below.



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The regional HIEs provide information exchange services to their subscribers (i.e., hospitals and healthcare providers interacting with their own EMR/HIT systems) and provide the *gateway* to the NJHIN. Examples include Health-e-cITI, EMRX, New Jersey Health Connect HIE and Camden HIE.

The NJHIN will exist to provide a set of core services that enable the statewide exchange of clinical data as well as access to a variety of state databases including the Medicaid Management Information System (MMIS), Immunization Registry, Blood Lead Screening Registry, and the Vital Statistics Registry. NJHIN would also provide for an on boarding service which would be comprised of a testing and validation process for HIE's to join the NJHIN and have their HIE included in the Services Registry. As currently envisioned, no individual provider will be able to connect to the NJHIN. Access to NJHIN will be through a qualified entity.



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2.3 CORE TECHNICAL SERVICES

The core technical service requirements are:

<u>Master Patient Index and Discovery</u> – An algorithm-based application that provides for a single patient/individual that might exist in multiple source systems with potentially different information in each (e.g., different last names, addresses, etc.) to be identified and linked together. This allows the information for the person to be accessed in a holistic manner rather than forcing the end-user to attempt to determine the correct identity in each source system of the patient/individual.

<u>Record Location Services</u> – This service facilitates access to patient records through gateway services that allow the requestor to query and retrieve data for a specific person from one or more source repositories following the use of the Patient Index and Discovery service.

<u>Consent Management</u> – This is a uniform statewide patient consent and authorization process to allow electronic access to, review of, or disclosure of a patient's identifiable health care information. The approach should support "break the glass" (BTG) access control. The BTG privilege should be restricted based upon roles and an auditable trail.

<u>Provider Directories</u> – This service provides for both an Entity Level Provider Directory (ELPD) as a secure repository of information specific to entities and nodes, and an Individual Level Provider Directory (ILPD) as a secure directory of information about providers themselves. The ILPD provides search functions that enable the discovery and lookup of provider information. The ILPD also specifies the Entity or Entities with whom providers are associated. This service can be algorithm-based similar to a master patient index, or be vendor list managed where a vendor maintains a complete list of providers that is compiled from various sources (e.g., NPI, DEA, etc.) and the vendor makes the match against their master lists. This service indexes and authenticates all providers within the state of NJ as well as out of state providers who may share NJ patients.

<u>Interoperability Services and Security Authentication</u> – Support of HIE to NJHIN and HIE to HIE connectivity through the implementation of technology that conforms with a common set of standards that governs the authentication of systems allowing them to interoperate for the exchange of data. This service could also be utilized by an HIE to allow a user to gain secure access to its HIE.

<u>Security Authorization</u> – This service determines what information the user is authorized to view within the HIE. This service would work in conjunction with the Consent Management service to support an authorized access to patient/individual information in an HIE and the NJHIN.

<u>Auditing Service</u> – This service takes on different characteristics depending on the level within the technology hierarchy. At the NJHIN level this service is simply a log of each data request



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including who requested what information and when the request was made and serviced. At the community HIE level; this could also include all of the aforementioned information along with a more detailed listing or document containing exactly what information was viewed by the requestor as it looked at the time of the viewing.

Gateway Connectivity with the NwHIN – This service allows for gateway connectivity to the NwHIN through the NJHIN with the intent of accessing other state level HIEs as well as Federal agencies. Additionally, it would act as a gateway into the State of New Jersey in order to access patient information through the NJHIN to the regional HIEs. In this regard, this service would need to perform as "pass through" data access service whereby external patient discovery and information query requests would trigger and support corresponding transactions across the NJ HIE's.

Provider Credentialing – This service provides a central facility for providers to manage their credentialing information with payers. This service should be designed to simplify the process of collecting provider information and allow the provider to manage the data for the purpose of supplying information to a health care organization. Specifically, the service should provide for the ability to complete and submit one application to multiple payers, allow the provider control over their data including managing who has access to the data, utilize a standard data set accepted by New Jersey payers for the collection and delivery of provider information and the ability to send attachments electronically such as License, DEA certificate, Controlled Dangerous Substance Certificate, Professional Liability Insurance Face Sheet and Board Certifications.

<u>Common Presentation Service</u> – This service provides for a common, standardized presentation of data acquired through the query/retrieve process for a specific person from one or more source repositories following the use of the Patient Index and Discovery service. The requestor will be provided the opportunity to select the data to import into their system.

2.4 CLINICAL FUNCTIONALITY AND PRIORITY USE CASES

The State of New Jersey has developed a set of priority use cases which are designed to guide service development at both the regional HIEs as well as the NJHIN. This information is presented to provide the context for the core services and to outline the initial exchanges that the core services should enable. The requirements related to the use cases are:

<u>Medication History</u> – Patient medication histories are made available for Emergency Room admissions only. This Use Case will include the Cross Community Patient Discovery (XCPD) Profile to support accurate patient identification.

Data Sources:

State/Medicaid



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- Surescripts
- Existing in an EHR

<u>Public Health Data (Immunization Data)</u> – To provide patient immunization history directly to the physician's EHR. The State registry connection will be direct to the physician EHR. Note: This is a foundational Use Case to allow access to all other State Registries. The HIEs will become eventual brokers for all DHSS state registries.

<u>Diagnostic Results Available to All HIE Customers</u> – To provide patient laboratory test and radiology imaging results (later Use Case will address the Order side as well as open order/pending result). This Use Case will include the diagnostic results only (image access and/or exchange will be addressed in a subsequent Use Case). Data Sources:

- Existing in an EHR
- Hospital Lab/Imaging Dept
- Commercial Lab
- Imaging Clinic

<u>ED/Acute Discharge Summary</u> – The transfer of patient information in the form of discharge notes to the PCP or specialists at the time of discharge.

 ED/Acute Hospital discharge information only. Send the information to the PCP or Specialist via an HIE in the form of discharge notes, instructions and discrete data documents.

<u>Transition of Care-Referral Information</u> – This Use Case is intended to enhance communications between PCP and specialist with an opportunity to use "Direct" as a near-term way to conduct secure exchange of health information. Direct specifies a simple, secure, scalable, standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the Internet

3.0 VENDOR RESPONSE INSTRUCTIONS

Interested vendors should submit a response to this RFI not to exceed a total of fifty (50) pages. Respondents are not required to respond to all sections of this RFI. All submissions should refer to the section number being addressed. Responses should be submitted in electronic format. All responses must be submitted in Word 97 or greater or as a PDF document.



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3.1 DISCLAIMERS

- Specific technical requirements related to use cases and the full scale deployment of the NJHIN are not currently available.
- Overall budget will be determined based upon cost information provided relevant to related experience in other states and the impact of sustainability planning.
- This RFI does not require or assume a vendor demonstration; however, respondents may be asked to provide demonstrations based upon a review of their responses.

3.2 RFI RESPONSES

The response should include the following:

- Section 1: An overview of your proposed solution, including technical solution, cost model, sustainability options, timeline and contracting relationships.
- Section 2: A description of how the entity will address one or more of the Core Technical Services described in Section 2.3.
- Section 3: An explanation of fixed and variable costs for all technical services, implementation and system interfaces. The cost of a proposed and/or awarded similar HIE project for another state.
- Section 4: A description of your approach to financial sustainability and any additional services proposed to support the initial and long-term sustainability of the NJHIN.
- Section 5: A brief statement indicating interest in any subsequent solicitation for services as outlined in this request.
- Section 6: A brief profile of the entity responding, including information indicating capabilities and experience in successfully completing a planning project of this description. If applicable, a brief profile should be included for any sub-contractors or partners that may be part of the collaboration. Please include a company mailing address, telephone and fax numbers, point of contact name and email address.

Please provide the requested information no later than 5:00 P.M., EST on August 19, 2011. Responses should be sent via email to: colleen.woods@gov.state.nj.us. Any questions related to this RFI should be directed to Colleen Woods at 609-777-2609.



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4.0 STATE OF NEW JERSEY FACT SHEET

| POPULATION | 8,791,894 | |
|--|------------------|----------------------------|
| PROVIDERS | | |
| Total Physicians | 29,486 | |
| Primary Care Physicians | 8,912 | |
| NJ-HITEC Target: 5,000 PCPs Signed Up | 1,372 | |
| Max EHR Incentive Payments Per Medicare Provider (4 yrs) | \$44,000 | |
| Max EHR Incentive Payments Per Medicaid Provider (4 yrs) | \$63,750 | |
| | . , | |
| HOSPITALS | | |
| Hospitals | 73 | |
| Staffed Beds | 21,228 | |
| Total Discharges | 1,073,561 | |
| Patient Days | 4,972,094 | |
| Est. Medicare EHR Incentive Payments (4 yrs) | \$420,006,728 | |
| Average Per Hospital | \$6,268,757 | |
| Estimated Medicaid EHR Incentive Payments (4 yrs) | \$110,855,648 | |
| Average Per Hospital | \$1,654,562 | |
| Medicaid Beneficiaries | 2,209,952 | |
| Medicaid's Active Servicing Providers | 15,337 | |
| Managed Care Organizations (Medicaid) | 6 | |
| UEAL TU INFORMATION EVOLUANOES | | |
| HEALTH INFORMATION EXCHANGES | 4 | |
| ONC-funded HIEs | 4 | 20 Heenitele |
| Jersey Health Connect (McKesson) | 15 Orgs | 20 Hospitals |
| Health-e-Citi-NJ (IGI Orbit) Camden (Noteworthy) | 9 Orgs | 8 Hospitals |
| EMRX-SJ (Wellogic) | 3 Orgs 5 Orgs | 3 Hospitals 5 Hospitals |
| Other HIEs | 5 Olys | 5 i iospitais |
| Trenton Health Team (Noteworthy) | 3 Orgs | 3 Hospitals |
| MOHIE (ICA) | 2 Orgs | 7 Hospitals |
| WOTHE (IOA) | 2 0193 | 1 Hospitals |
| FEDERAL FUNDS Awarded to New Jersey | | |
| State Health Information Exchange Program | \$11.4 million | |
| NJ-HITEC Regional Extension Center | 23.0 million | |
| NJ Medicaid (SMHP Planning Paid) | 4.9 million | |
| Community College HIT Training | 4.4 million | |
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5.0 STATE OF NEW JERSEY HEALTH INFORMATION TECHNOLOGY OPERATIONAL PLAN

The Operational Plan can be found at: http://www.nj.gov/njhit/